

N. Services Coordination (SC)

Description

Services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

Organizations performing services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Some examples of the quality results desired by the different stakeholders of these services include:

- Access to a variety of services/supports.
- Access to choices of services.
- Individualized services to meet needs.
- Persons achieving goals.
- Persons achieving independence.
- Access to vocational training.
- Persons achieving employment.
- Access to career development.

Applicable Standards

An organization seeking accreditation in services coordination must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable)
- 2.F. Community Services Principle Standards*

- 2.E. Workforce Development (optional)
- 2.G. Children and Adolescents Specific Population Designation (optional)
- 2.H. Older Adults Specific Population Designation (optional)
- 2.I. Medically Fragile Specific Population Designation (optional)
- 2.J. Autism Spectrum Disorder Specific Population Designation (ASD:A and/or ASD:C, optional)

* For employment services coordination, these standards are applied as relevant to the scope of employment-focused services.

3.N.1. The persons served are linked to services and resources as identified in their individual plans.

Intent Statements

Persons are provided with the necessary level of assistance to afford them equal access to community services and resources.

Examples

For optimal results and satisfaction of the persons served with their services, the organization assesses the availability, costs, and effectiveness of such services; establishes an efficient referral mechanism; and facilitates the process.

Quality service coordinators maintain contacts and arrangements with community resources to enable the development of the individual plans as noted in the standards in Section 2.B., in which the preferences, needs, and desired outcomes of the persons served are addressed.

Ties to standards in Section 1.M. Performance Measurement and Management and Section 1.N. Performance Improvement are apparent. The CARF publication *Managing Outcomes*, which is available on request from your resource specialist, includes practical examples of customer-driven outcomes systems.

3.N.2. Services coordination personnel maintain a working knowledge of:

- a. **Services/resources that are appropriate for the needs of the persons served.**
- b. **Support systems that are relevant to the lives of the persons served.**
- c. **Funding issues pertinent to the referral process.**

Intent Statements

The organization demonstrates the ability to provide services and supports in an effective and efficient manner.

Examples

The service coordinator need not know all the answers, but knows where and how to find the resources and services desired to support the persons served.

In order to provide the linkages, coordination, and support needed by the persons served, the services coordinators are able to demonstrate knowledge of healthcare, social services, employment, housing, recreational opportunities, and other services and systems available in the community.

Service coordinators would identify community services and community resources, establish relationships with these community resources/services, maintain current contact information, and partner to coordinate services for a person as needed.

The internet, local United Way guides, etc. can be used to address individualized needs.

Many organizations keep other agency brochures and referral forms available to facilitate smooth linkages to services.

3.N.3. Based on the needs of the persons served, services coordination includes:

- a. Activities carried out in collaboration with the persons served and/or their families, as appropriate.
- b. Outreach/facilitation to encourage participation of the persons served.
- c. Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate.
- d. Assisting the persons served to achieve goals for independence as defined by the persons served.
- e. Optimizing resources and opportunities through:
 - (1) Community linkages.
 - (2) Enhanced social support networks.
- f. Assistance with:
 - (1) Accessing transportation.
 - (2) Securing safe housing that is reflective of the:
 - (a) Abilities of the persons served.
 - (b) Preferences of the persons served.
 - (c) Needs of the persons served.
 - (3) Exploring employment or other meaningful activities.
 - (4) Accessing employment training.
 - (5) Job seeking.
 - (6) Career development and advancement.
- g. Provision of, or linkages to, skill development services needed to enable the person served to perform daily living activities, including, but not limited to:
 - (1) Budgeting.
 - (2) Meal planning.
 - (3) Personal care.
 - (4) Housekeeping and home maintenance.
 - (5) Other identified needs.
- h. Evidence of linkages with necessary and appropriate:

- (1) **Financial services.**
- (2) **Medical or other healthcare.**
- (3) **Other community services.**
- (4) **Assistive technology assessment.**

Intent Statements

Services coordination meets the needs of the person served in their communities directly or through linkages to qualified providers.

Examples

These services coordination activities are carried out in partnership and collaboration with the persons served. All the elements listed in this standard should be available directly or through referral.

Not all services available are provided to every person served. The services identified for any individual relate to the input and outcomes expectations as identified in the plan of the person served. See related standards in Sections 1.D., 1.M., 1.N., and 2.B.

Services/supports that may be provided include:

- Coordinating crisis assistance and supports.
- Facilitating linkages to community resources.
- Coordinating and documenting of overall service delivery plans.
- Obtaining services necessary to meet basic human needs (e.g., food and shelter).
- Supports to prevent homelessness.
- Assisting the person served to connect to employment services leading to a job.
- Assisting the persons served in increasing social support networks in the community.
- Assisting the persons served in accessing their financial rights and benefits.
- Assessing the needs for personal advocacy and making recommendations where appropriate.
- Facilitating certain activities of medical or behavioral health services coordination.

3.b. In some programs, such as Healthy Families America, guidelines specify a variety of positive outreach methods and are used to build trust, engage the person served in services, and maintain ongoing involvement.

3.h.(2) Medical or other healthcare includes the coordination of the healthcare of the persons served. Often individuals are seeing a variety of healthcare professionals and using a variety of medications that need to be monitored and coordinated. When working with infants or children, healthcare includes immunizations.

- 3.N.4. The organization provides services coordination activities at times and in locations that meet the needs of the persons served.**

Intent Statements

Persons served have access to assistance as needed in any setting that provides the best access.

Examples

Services such as assessment, planning, coordination, and monitoring can be provided in any setting that provides the best access to the persons served and is preferred by the persons served.

Such locations may include residences, correctional settings, shelters, community resource sites, hospitals, schools, medical, or other service sites.

- 3.N.5. The intensity of services coordination is based on the needs of the person as identified in his or her individual person-centered plan.**

Intent Statements

Persons served have authority and are supported to direct and manage their services to the extent they wish. The intensity of services coordination and the frequency of contact are individualized and clearly defined.

Examples

There is wide variability among types of case management. Many programs provide intensive services coordination to a small, select group of individuals, and other programs provide services only periodically. However, there is a clear relationship between how often persons are served and their specific needs.

Some programs, such as Healthy Families America, have clearly defined criteria for increasing/decreasing the intensity of services.

- 3.N.6. When multiple services coordinators exist:**

- a. A primary service coordinator is identified.**
- b. There is coordination to:**
 - (1) Facilitate continuity of care.**
 - (2) Reduce duplication of services.**

Intent Statements

The person served has access to assistance as needed to obtain services promptly.

Examples

By referencing the individual's service plan and utilizing the personal outcomes satisfaction measurements, services coordination results in effective and efficient service delivery.

3.N.7. With the permission of the persons served, personnel provide advocacy by sharing feedback regarding the services received with the agencies and organizations providing the services.

Intent Statements

Persons served have an active role in program design, performance appraisal and quality improvement activities. The sharing of performance analysis reports and satisfaction surveys with stakeholders focuses the community on meeting the expectations of the persons served.

Examples

Networks, partnerships, and referral arrangements are maintained when the services meet the expectations of the persons served with regard to quality. Persons are referred to different community services when those expectations are not met.

No information specific to an individual is disclosed unless the person has authorized it.

Additional details for establishing and managing quality outcomes can be located in Section 1.M. Performance Measurement and Management and Section 1.N.

Performance Improvement, as well as in the *Managing Outcomes* publication, which is available on request from your CARF resource specialist.

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A for more information on required documentation.

- Records of the persons served
- Person-centered plans for the persons served
- Progress notes
- Information regarding the types of services and resources provided
- Consumer satisfaction information
- Signed forms authorizing release of information on service satisfaction
- Procedures manual
- Procedures for coordination of services
- Authorization of persons served to share satisfaction information